

ATTORNEYS & COUNSELORS

2435 N. Central Expwy., Suite 600
Richardson, Texas 75080
(972) 744-2900, Fax (972) 744-2909
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FACSIMILE

DATE: October 17, 2003
FROM: Raffi J. Gostanian, Jr.

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CLIENT/MATTER NO.: 108513.00011
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MESSAGE:

There are 3 different applications to change
the correspondence Address:

- 1) 09/435,657 (Pending)
- 2) 08/785,413 (Issued)
- 3) 08/607,964 (Issued)

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PTO/SB/81 (06-03)

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and
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INDICATION FORM**

| | |
|------------------------|--------------|
| Application Number | 09/435,657 |
| Filing Date | 11/08/1999 |
| First Named Inventor | John Tomich |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 108513.00011 |

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|-------------------------|---------------------|
| Robert C. Klinger | 34,365 |
| Raffi J. Gostanian, Jr. | 42,595 |
| Michael G. Cameron | 50,298 |
| Bobby D. Slaton | 43,130 |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ The address associated with Customer Number.

OR

☒ Firm or Individual Name Jackson Walker LLP

Address 2435 North Central Expressway, Suite 600

Address

City Richardson State Texas ZIP 75080

Country USA

Telephone 972-744-2900 Fax 972-744-2909

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name John Tomich

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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PTO/SB/123 (05-03)

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| | |
|----------------------|-------------|
| Patent Number | 5,778,116 |
| Issue Date | 7/7/1998 |
| Application Number | 08/785,413 |
| Filing Date | 01/23/97 |
| First Named Inventor | John Tomich |

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OR

Firm or
Individual
Name

Jackson Walker LLP

Address

2435 North Central Expressway, Suite 600

Address

City

Richardson

State

TX

ZIP

75080

Country

USA

Telephone

972-744-2900

Fax

972-744-2909

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Patentee.

Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.

Attorney or agent of record.

Typed or
Printed Name

John Tomich

Signature

Date

10/17/2003

Telephone

972-744-4729

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PTO/SB/47 (07-03)

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in the following listed application(s) for which the Issue Fee has been paid or patent(s).

| PATENT NUMBER (if known) | APPLICATION NUMBER |
|-----------------------------|--------------------|
| 5,778,116 | 08/785,413 |

Completed by (check one)

☒ Applicant/Inventor☐ Attorney or Agent of record _____
(Reg. No.)☐ Assignee of record of the entire interest. See
37 CFR 3.71. Statement under 37 CFR 3.73(b)
is enclosed. (Form PTO/SB/96)☐ Assignee recorded at Reel _____ Frame _____

Signature

John Tomich

Typed or Printed Name

972-393-4729

Requester's telephone number

Date

10/17/2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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| | |
|----------------------|-------------|
| Patent Number | 5,983,068 |
| Issue Date | 11/9/99 |
| Application Number | 08/607,964 |
| Filing Date | 02/29/96 |
| First Named Inventor | John Tomich |

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Individual
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Address

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Country

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I am the:



Patentee.

Assignee of record of the entire interest.
Certificate under 37 CFR 3.73(b) is enclosed.

Attorney or agent of record.

Typed or
Printed Name

John Tomich

Signature

Date

10-17-2003

Telephone

972-393-4729

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PTO/SB/47 (07-03)

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| PATENT NUMBER (if known) | APPLICATION NUMBER |
|-----------------------------|--------------------|
| 5,983,068 | 08/607,964 |

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☒ Applicant/Inventor

☐ Attorney or Agent of record _____
(Reg. No.)

☐ Assignee of record of the entire interest. See
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is enclosed. (Form PTO/SB/96)

☐ Assignee recorded at Reel _____ Frame _____

Signature

John Tomich

Typed or Printed Name

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Requester's telephone number

10-17-2003
Date

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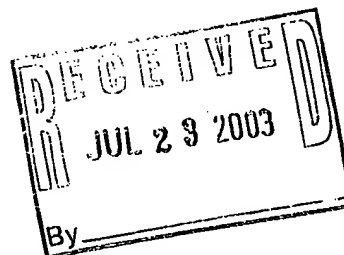
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Please file a "Change of Correspondence Address" form with the PTO on all of Mr. Tomich's cases.

Thank you

108513.10



Jul-21-2003 04:56pm

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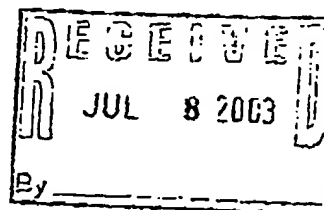
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| ITEM NBR | PATENT NUMBER | FEE CDE | FEE AMT | SUR CHARGE | APPLICATION NUMBER | PATENT DATE | FILE DATE | PAY YR | SML ENT | STAT |
|-------------|------------------|------------|------------|---------------|-----------------------|----------------|--------------|-----------|------------|------|
| 1 | 5,983,068 | 2551 | 445 | 0 | 08/607,964 | 11/09/99 | 02/29/96 | 04 | YES | PAID |

Atty Dkt Number

TOMI-16940

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| PATENT NUMBER (if known) | APPLICATION NUMBER |
|-----------------------------|--------------------|
| 5,778,116 | 08/785,413 |

Completed by (check one)

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(Reg. No.)

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Signature

Typed or Printed Name

Requester's telephone number

Date

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